

COVID-19 Youth Behavioral Health Impact Situation Report

This situation report presents the potential behavioral health impacts of the COVID-19 pandemic on Washington youth¹ to inform planning efforts. The intended audience for this report includes response planners and any organization that is responding to or helping to mitigate the behavioral health impacts of the COVID-19 pandemic on youth in Washington.

Purpose

On March 15, 2021, Governor Jay Inslee signed an [emergency proclamation](#)² recognizing the current mental and behavioral health emergency among Washington’s children and youth. The proclamation directs the Department of Health (DOH) and other state agencies to “identify and provide appropriate personnel for conducting necessary and ongoing incident related assessments.”

This report summarizes data analyses conducted by the COVID-19 Behavioral Health Group’s Impact & Capacity Assessment Task Force. These analyses assess the likely current and future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among Washington youth.

¹ Youth: Individuals ages 18 years and younger

² https://www.governor.wa.gov/sites/default/files/proclamations/21-05_Children%27s_Mental_Health_Crisis_%28tmp%29.pdf

Key Takeaways

- Youth behavioral health is of particular concern as family, school, and social interactions continue to be affected by the COVID-19 pandemic.
- The rate of emergency department (ED) visits for four syndromic indicators (psychological distress, suicidal ideation, suspected suicide attempts, and suspected overdoses) for Washington youth exceeded the rates of visits in the corresponding week of 2019, but not 2020, for that age group.
 - **Caution should be taken when examining these data as the steep drop in ED visits starting in March 2020 could skew data for any type of ED visit, including behavioral health.**
 - The percentage of students receiving in-person instruction on a single day and weekly basis increased in the most recent reporting period (11% for elementary, 10% for middle, and 17% for high school).
 - [Survey data](#)³ collected by the U.S. Census Bureau for August 19, 2020 – March 29, 2021 show that the greatest number of respondents indicated students spent much less time on all learning activities in the last seven days.
 - March 2021 presented an increase in the year-over-year⁴ percent change for monthly juvenile offender filings related to sex offenses (69%), motor vehicle theft (23%), and dissolution with children (38%). For monthly child custody case filings, there was a decrease (-98%) in the year-over-year percent change.

Impact Assessment

This section summarizes data analyses that show the likely current and future impacts of the COVID-19 pandemic on mental health and potential for substance use issues among youth in Washington.

Syndromic Surveillance

The Department of Health collects syndromic surveillance data in near real-time from hospitals and clinics across Washington. Key data elements reported include patient demographic information, chief complaint, and coded diagnoses. This [data collection system](#)⁵ is the only source of ED data for Washington. Statistical warnings and alerts are raised when a Centers for Disease Control

³ <https://www.census.gov/programs-surveys/household-pulse-survey.html>

⁴ Year-over-year: The comparison of two or more years, specifically 2021 to 2019 and 2020.

⁵ <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PublicHealthMeaningfulUse/RHINO>

and Prevention (CDC) algorithm detects a weekly count at least three standard deviations⁶ above a 28-day average count, ending three weeks prior to the week with a warning or alert. While both warnings and alerts indicate more visits than expected, an alert indicates more caution may be warranted.⁷ These warnings or alerts will be mentioned within each respective syndrome section.

This report summarizes data for four syndromic surveillance indicators:

- 1) Psychological distress
- 2) Suicidal ideation
- 3) Suspected suicide attempts
- 4) Suspected overdoses

The graphs provide insight into behavioral health impacts of COVID-19 on Washington youth, as well as changes in care-seeking behavior. It is important to consider the changes in the overall number of ED visits, beginning with the implementation of the “Stay Home, Stay Healthy” order from March 23, 2020 ([CDC Week](#)⁸ 13, 2020).

Because the volume of visits across care settings varied widely during 2020 and to date in 2021, rates presented in this report may not reflect the true magnitude and direction of trends for behavioral health conditions and should be interpreted cautiously. Caution should be taken as the steep drop in total ED visits could skew data for any type of ED visit. While the number of ED visits is increasing, visits have not returned to pre-March 2020 ED numbers. In addition, ED visit counts for suicidal ideation, suspected suicide attempts, psychological distress, and suspected overdoses might show an increase in awareness of mental health experiences, thus taking a larger share of the total ED visits.

⁶ Standard deviation: A measure of the amount of variation or dispersion of a set of values. Standard deviation is often used to measure the distance of a given value from the average value of a data set.

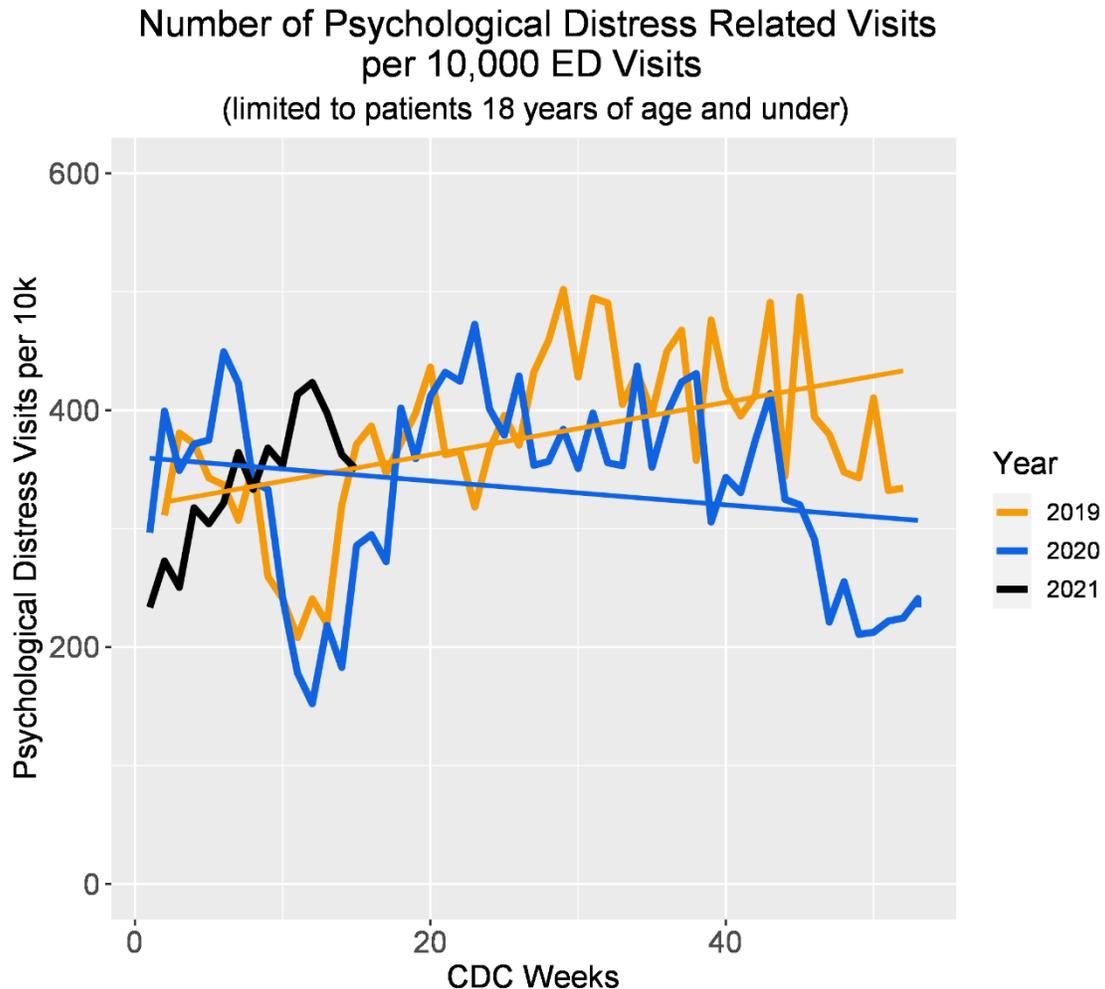
⁷ A warning is determined by statistical analysis using p-values from 0.01 – 0.05, while an alert is determined by statistical analysis using p-values of less than 0.01.

⁸ <https://wwwn.cdc.gov/nndss/document/2020.pdf>

Psychological Distress

During **CDC Week 15 (week of April 11)**, the relative reported ED visits for psychological distress⁹ among youth **decreased from the previous reporting period** and is similar to the rate in the corresponding week of 2020, but higher than the corresponding week of 2019 (Graph 1). No statistical warnings or alerts were issued.

Graph 1: Relative count of ED visits for psychological distress among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



Average Weekly Difference between 2020 and 2019 Visit Counts: -305.3 per 10,000

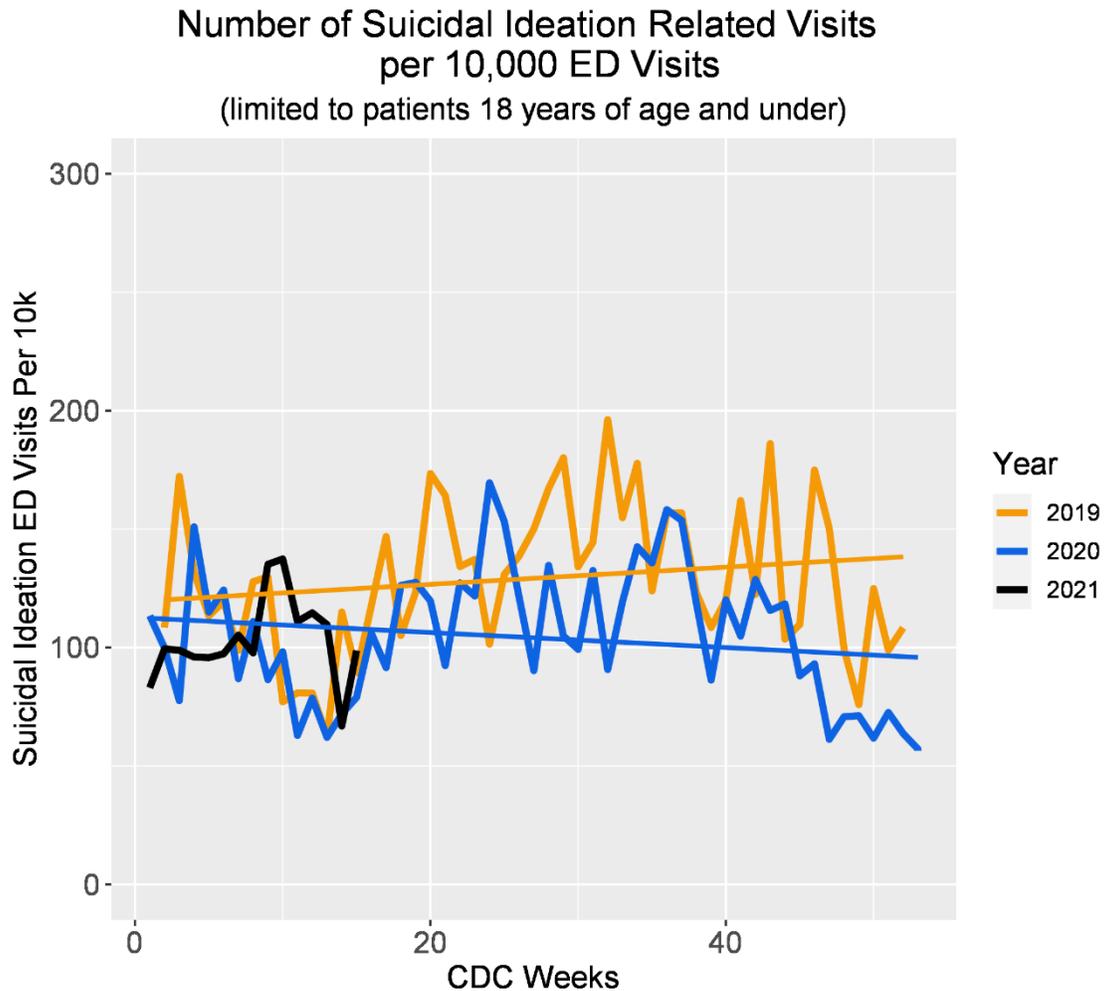
Source: CDC National Syndromic Surveillance Program

Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

⁹ Psychological distress in this context is considered a disaster-related syndrome comprised of panic, stress, and anxiety. It is indexed in the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) platform as Disaster-related Mental Health v1. Full details are available at <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definitioncommittee>.

During **CDC Week 15 (week of April 11)**, the **relative reported rate of ED visits for suicidal ideation** among youth **increased from the previous reporting period** and is similar to the rate in the corresponding week of 2020, but higher than the corresponding week of 2019 (Graph 2). No statistical warnings or alerts were issued.

Graph 2: Relative count of ED visits for suicidal ideation among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



Average Weekly Difference between 2020 and 2019 Visit Counts: -106.3 per 10,000

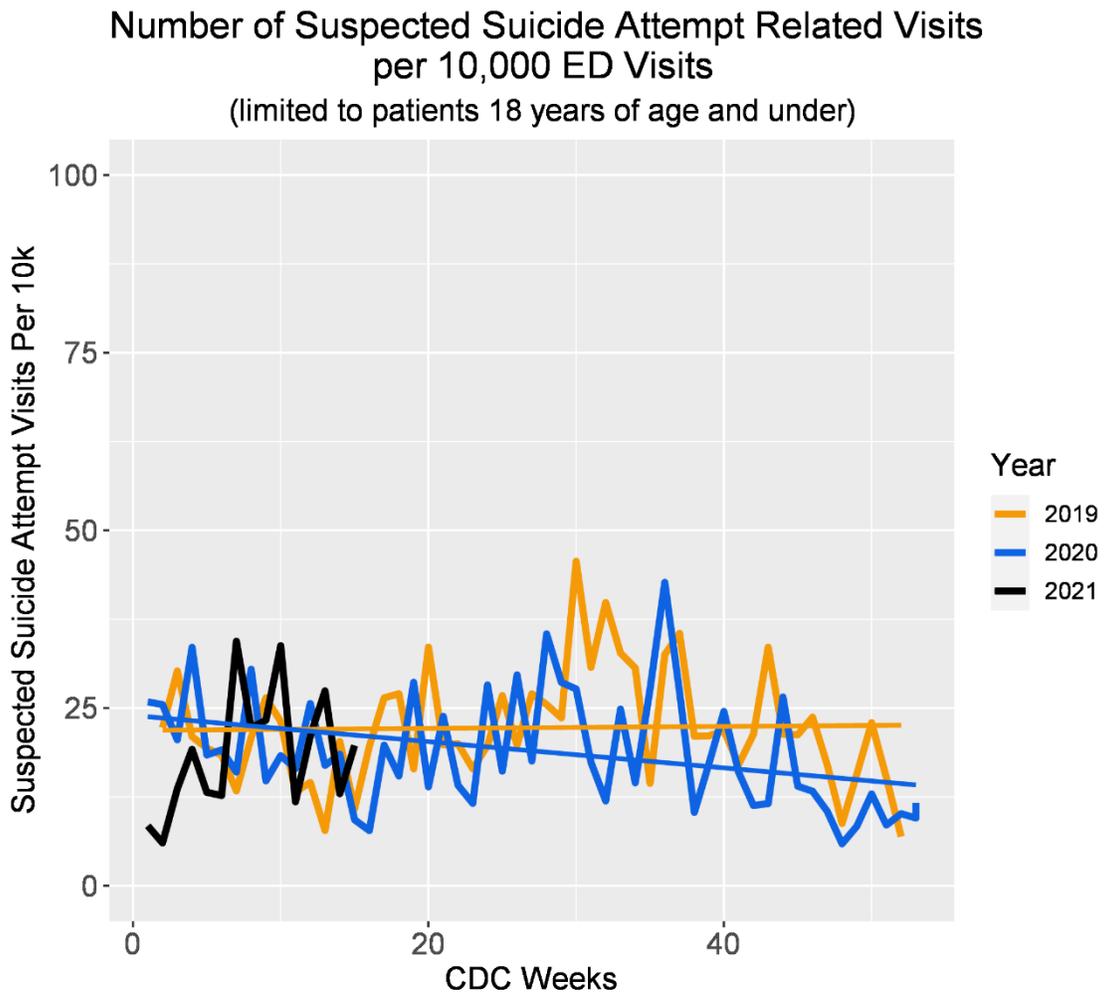
Source: CDC National Syndromic Surveillance Program

Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

In the same week of 2021 as above (**CDC Weeks 15**), the **relative reported rate of ED visits for suspected suicide attempts** among youth **increased from the previous reporting period** and is similar to the rate in the corresponding week of 2020, but higher than the corresponding week of 2019 (Graph 3). No statistical warnings or alerts were issued.

The current CDC definition for suspected suicide attempt, due to its broad inclusion of intentional self-harm behaviors that may or may not be interpreted as a suicidal act, could artificially inflate both the count and rate of such visits.¹⁰

Graph 3: Relative count of ED visits for suspected suicide attempts among youth in Washington, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



Average Weekly Difference amongst 2020 and 2019 Visit Counts: -18.7 per 10,000

Source: CDC National Syndromic Surveillance Program

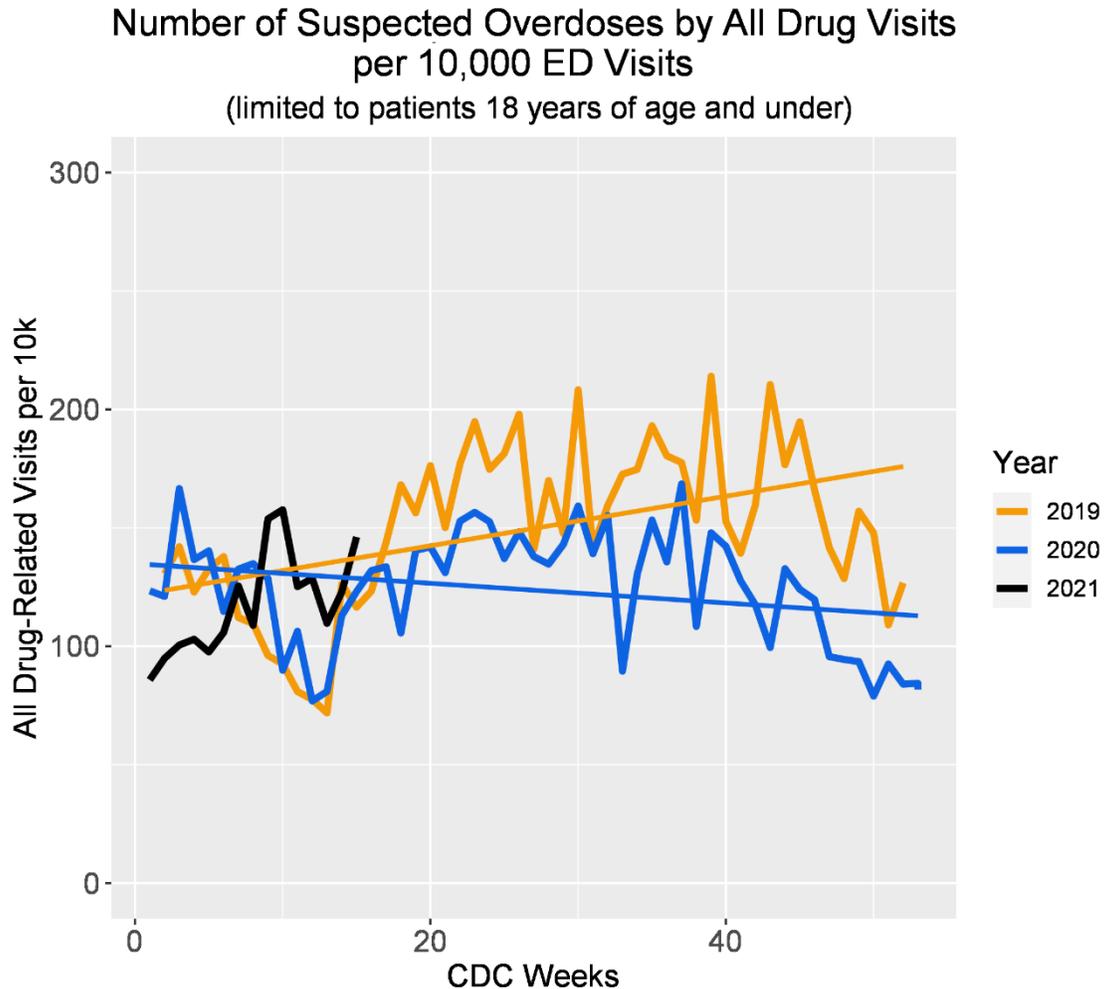
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

¹⁰ <https://knowledgerepository.syndromicsurveillance.org/disaster-related-mental-health-v1-syndrome-definition-subcommittee>

Substance Use – Drug Overdose

In the same weeks of 2021 as above (**CDC Weeks 15**), the **relative reported rate of ED visits for suspected drug overdose** among youth **increased from the previous reporting period** and is similar to the rate in the corresponding week of 2020, but higher than the corresponding week of 2019 (Graph 4). No statistical warnings or alerts were issued.

Graph 4: Relative ED count for all drug¹¹-related visits in Washington among youth, by week: 2019, 2020, and 2021 to date (Source: CDC ESSENCE)



Average Weekly Difference between 2020 and 2019 Visit Counts: -126.5 per 10,000

Source: CDC National Syndromic Surveillance Program

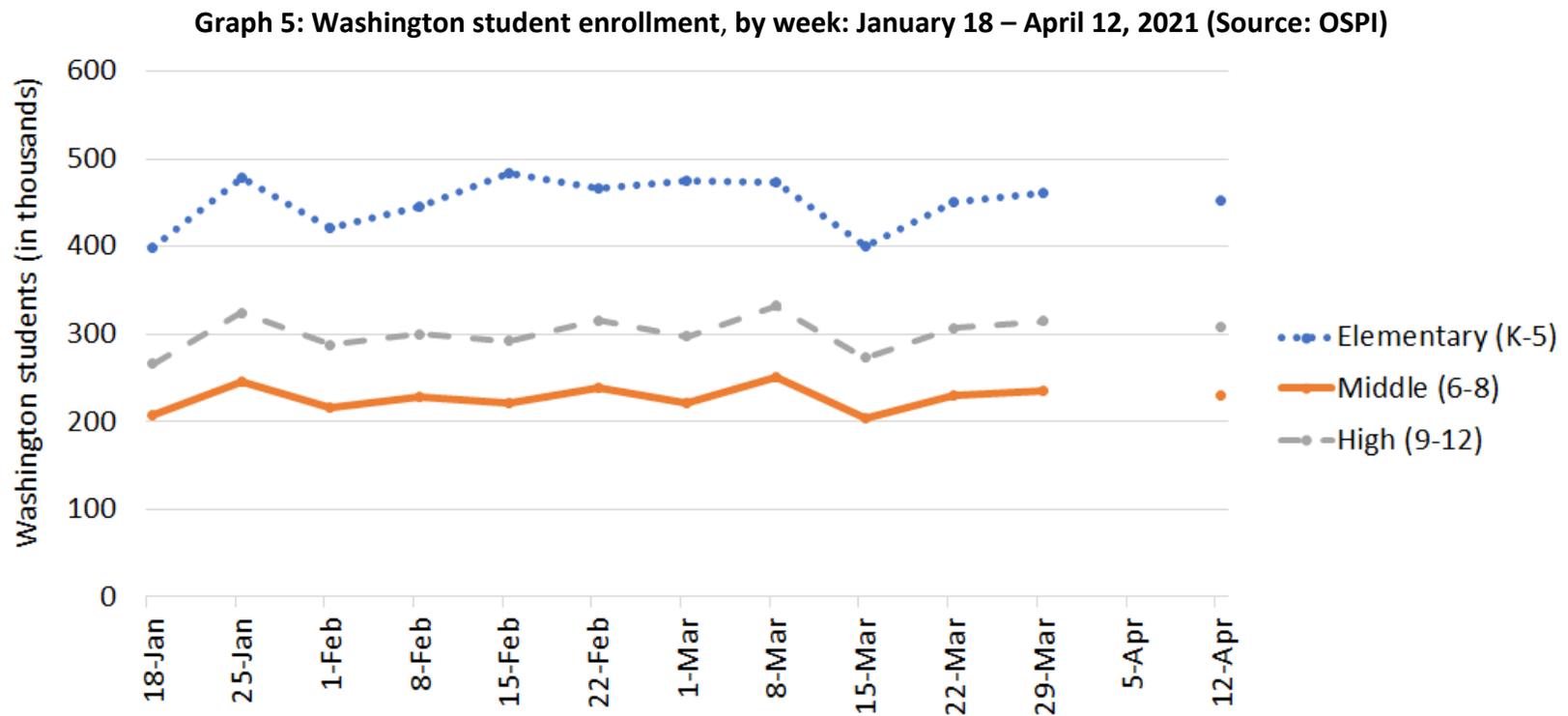
Note: While 2021 is displayed, more data points are needed to showcase average weekly differences among all three years.

¹¹ All drug: This definition specifies overdoses for any drug, including heroin, opioid, and stimulants. It is indexed in the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) platform as CDC All Drug v1. Full details available at <https://knowledgerepository.syndromicsurveillance.org/cdc-all-drug-v1>.

School Reopening

Mode of Instructional Delivery for School Reopening

Weekly [survey data](#)¹² from the Washington State Office of Superintendent of Public Instruction (OSPI) on each public school district, state-tribal education compact school, and charter school reviews each district's current instructional delivery model in efforts to reopen schools. In the most recent reporting period (week of April 12), an approximate 2% decrease was present in student enrollment for elementary (-1.9%), middle (-2.3%), and high school (-2.2%) students, compared to the previous reporting period (Graph 5).

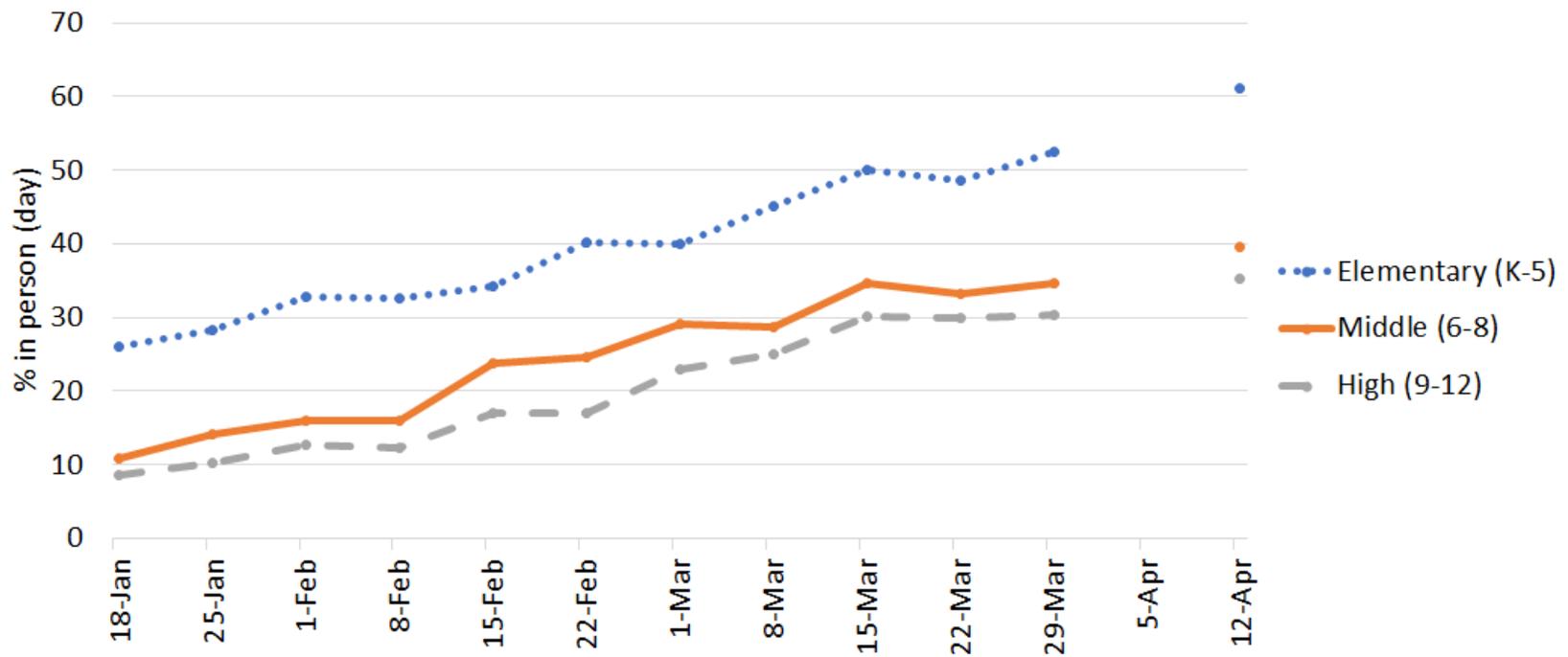


Note: Due to spring break, data is not available for April 5 – April 9, 2021.

¹² <https://www.k12.wa.us/about-ospi/press-releases/novel-coronavirus-covid-19-guidance-resources/school-reopening-data>

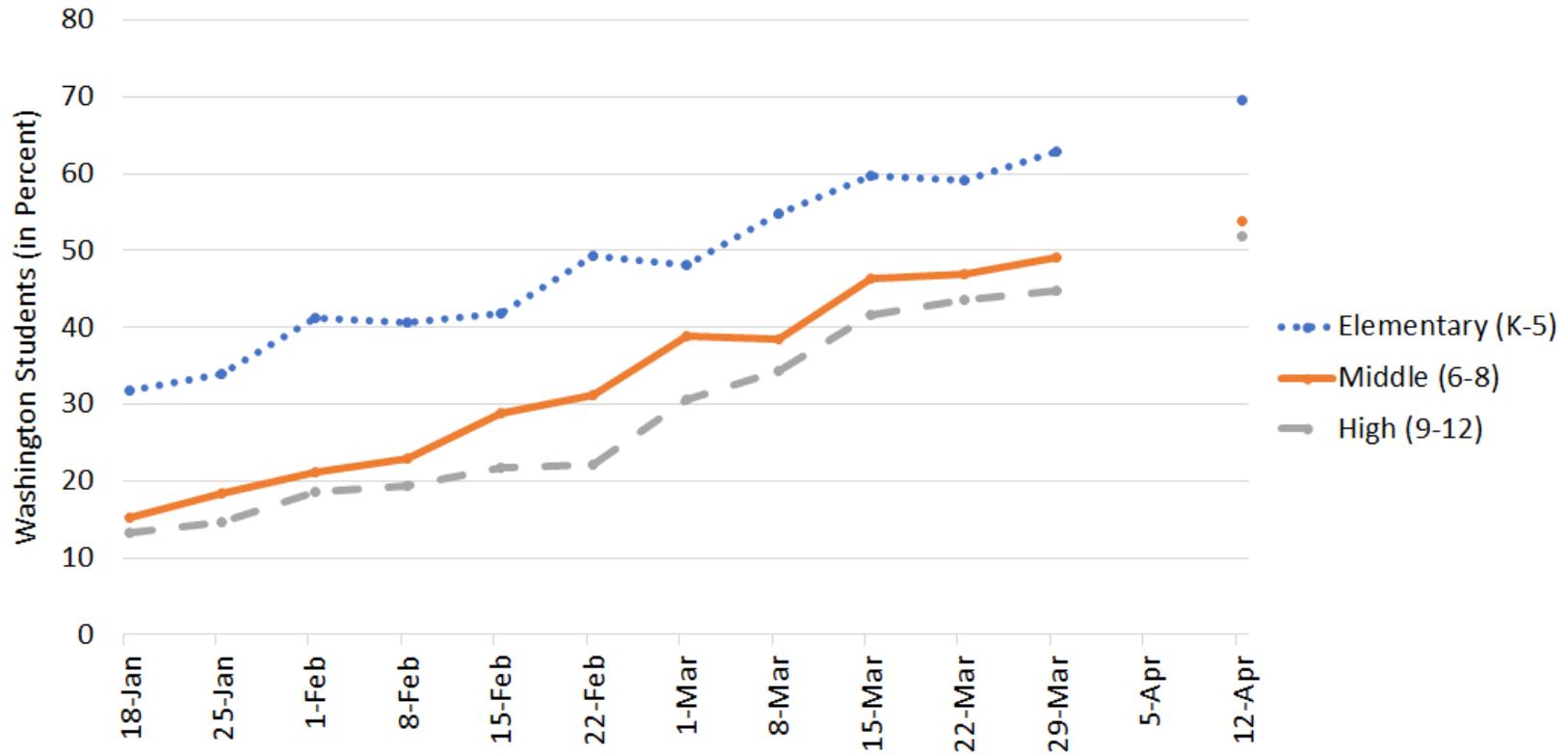
The percentage of students who are receiving in-person instruction on a single day (Graph 6a) and a weekly basis (Graph 6b) increased in the most recent reporting period (week of April 12). There was an increase (11%, 10%, and 17%) for elementary, middle, and high school students (respectively), compared to the previous reporting period. About two-fifths (38.9%) of elementary school students have **no** regular in-person instruction, and about two-fifths (39.5% and 35.3%) of middle and high school students (respectively) have regular in-person instruction.

Graph 6a: Percent of students receiving in-person instruction (day), by week: January 18 – April 12, 2021 (Source: OSPI)



Note: Due to spring break, data is not available for April 5 – April 9, 2021.

**Graph 6b: Percent of students receiving in-person instruction (week),
by week: January 18 – April 12, 2021 (Source: OSPI)**



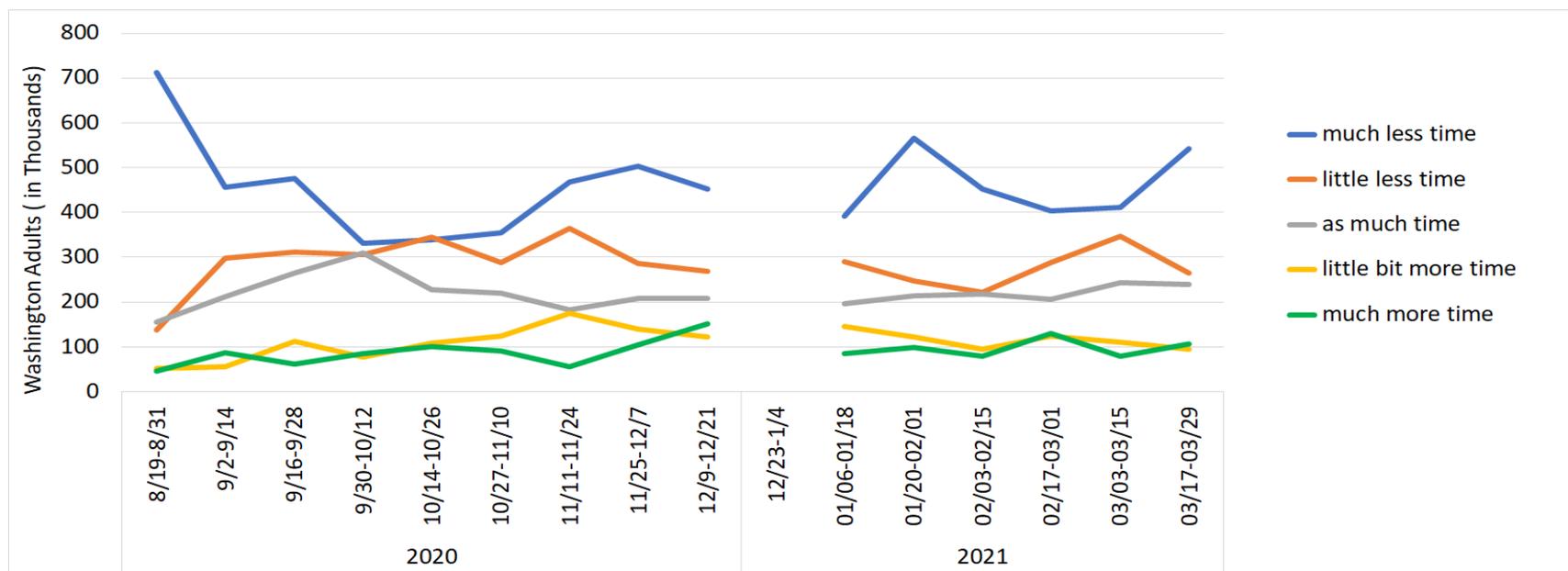
Note: Due to spring break, data is not available for April 5 – April 9, 2021.

Time Spent on Learning Activities

[Survey data](#)³ collected by the U.S. Census Bureau for August 19, 2020 – March 29, 2021 show that the greatest number of respondents indicated students spent much less time on all learning activities in the last seven days (Graph 7). In the most recent reporting period, 43% of Washington adults (with children in public or private school) reported students in their household spent much less time on learning activities (March 17 – March 29), compared to 35% in the previous reporting period (March 3 – March 15). This survey data is not in any way related to the data presented in previous sections.

Those in households earning \$45,000 – \$49,999 per year report the highest rates of decreased time on learning activities (57%). Those in households earning \$50,000 – \$74,999 per year reported the second highest rates (55%). Those respondents who are currently employed were less likely to report decreased time on learning activities (43%) than those who are non-employed (46%).

Graph 7: Time spent on learning activities relative to before COVID-19 (for children enrolled in public or private school), by week: August 19, 2020 – March 29, 2021 (Source: U.S. Census Bureau)



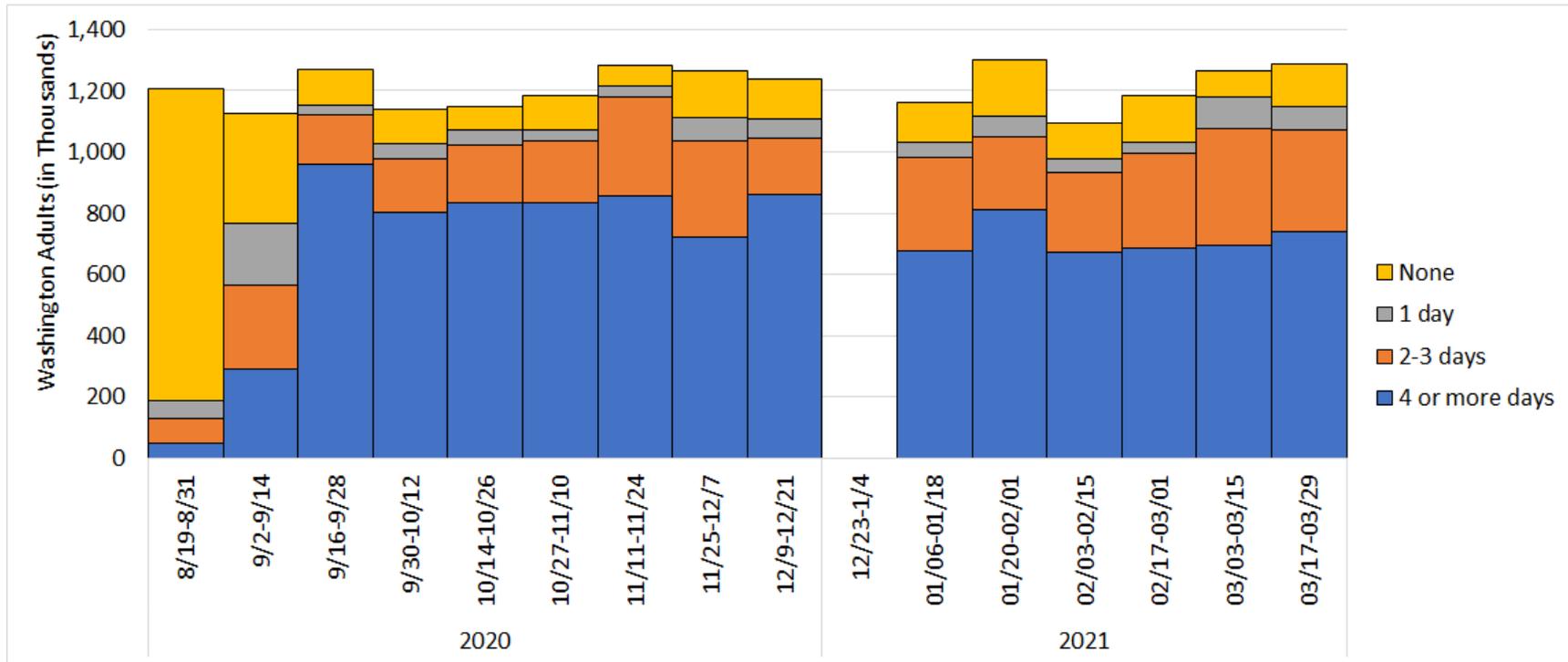
Note: The U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021.

Live Contact with Teachers

[Survey data](#)³ further shows an increase in frequency of live (i.e., non-virtual) contact with teachers from August 19, 2020 – March 29, 2021 (Graph 8). In the most recent reporting period (March 17 – March 29, 2021), 57% of Washington adults (with children in public or private school) reported four or more days of live contact between students in their household and teachers, compared to 54% in the previous reporting period (March 3 – March 15, 2021).

Respondents in households earning \$200,000 and above per year reported the highest rate of four or more days of live contact (85%). Those in households earning \$75,000 – \$99,999 per year reported the second highest rate (70%). The lowest rate of live contact was with those in households earning \$25,000 – \$34,999 (27%). No differences were present with those who are currently employed in reporting frequency of live contact with teachers by four or more days (57%) compared to non-employed (57%). Those who experienced loss of employment or income (or who live with someone who lost employment or income) reported a 53% frequency of live contact with teachers by four or more days, which is lower than those who have not experienced loss of employment or income (61%).

Graph 8: Frequency of live contact with teachers by children (enrolled in public or private school), by week: August 19, 2020 – March 29, 2021 (Source: U.S. Census Bureau)



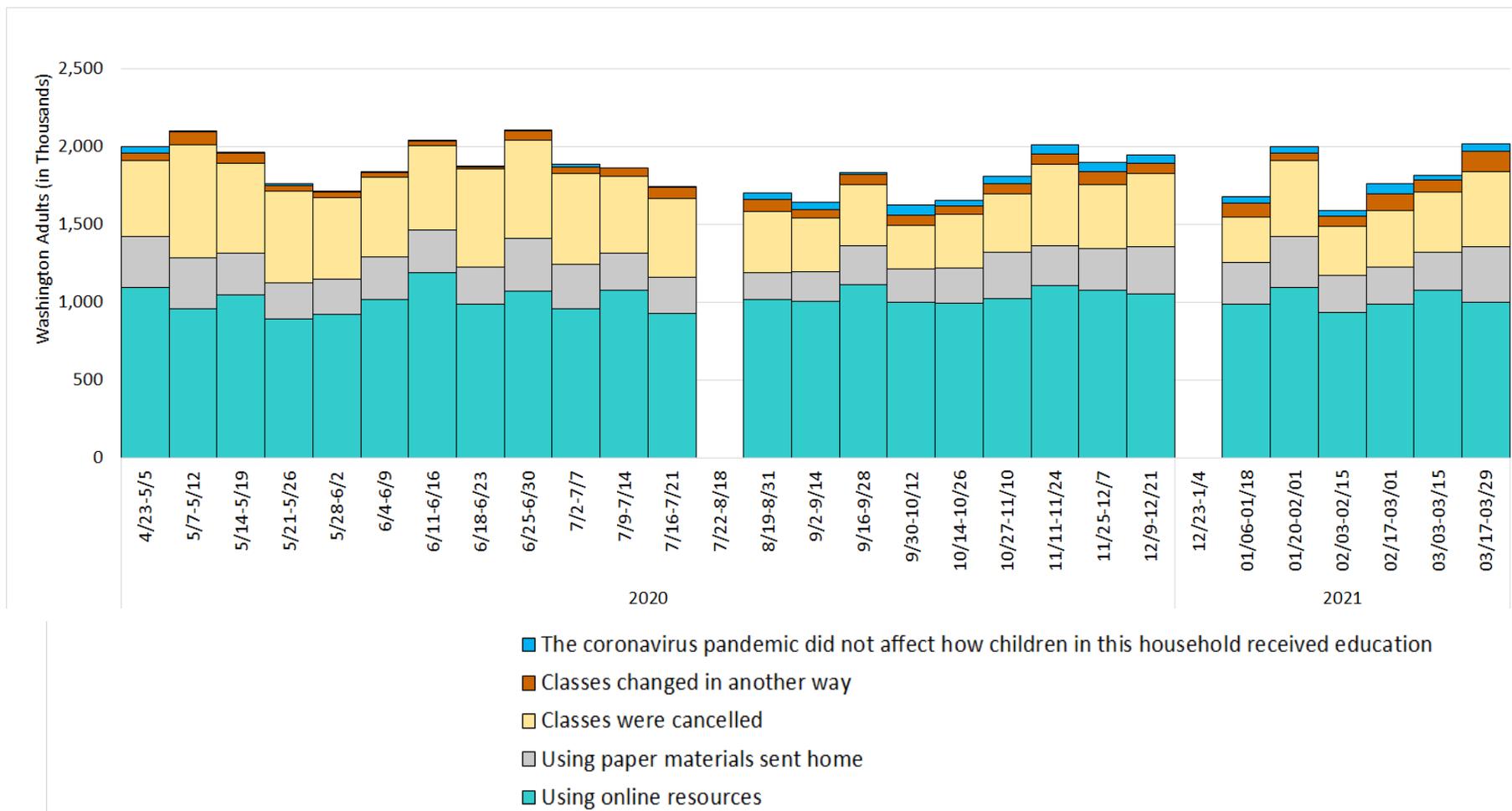
Note: For the period of July 21 – August 19, 2020, census data was not available and thus, any trends during this point are an artifact of analysis. Additionally, the U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021.

How Students Receive Education Following Impact of COVID-19

[Survey data](#)³ further shows a decrease in children who received education by moving to a distance learning format (i.e., using online resources) from April 23, 2020 – March 29, 2021 (Graph 9). In the most recent reporting period (March 17 – March 29, 2021), 50% of Washington adults (with children in public or private school) reported that children in their household received education by moving to a distance learning format, compared to 59% in the previous reporting period (March 3 – March 15, 2021).

Respondents in households earning \$200,000 and above per year report that 60% of children received education by moving to a distance learning format. Those in households earning \$100,000 – \$149,999 reported the second highest rates (57%). Those in households earning \$35,000 – \$49,999 per year report the highest rate of no change to classes (12%). Those who are currently employed were less likely to report that children received education by moving to a distance learning format (52%) than non-employed (45%).

Graph 9: COVID-19 impact on how children (enrolled in public or private school) received education, by week: April 23, 2020 – March 29, 2021 (Source: U.S. Census Bureau)



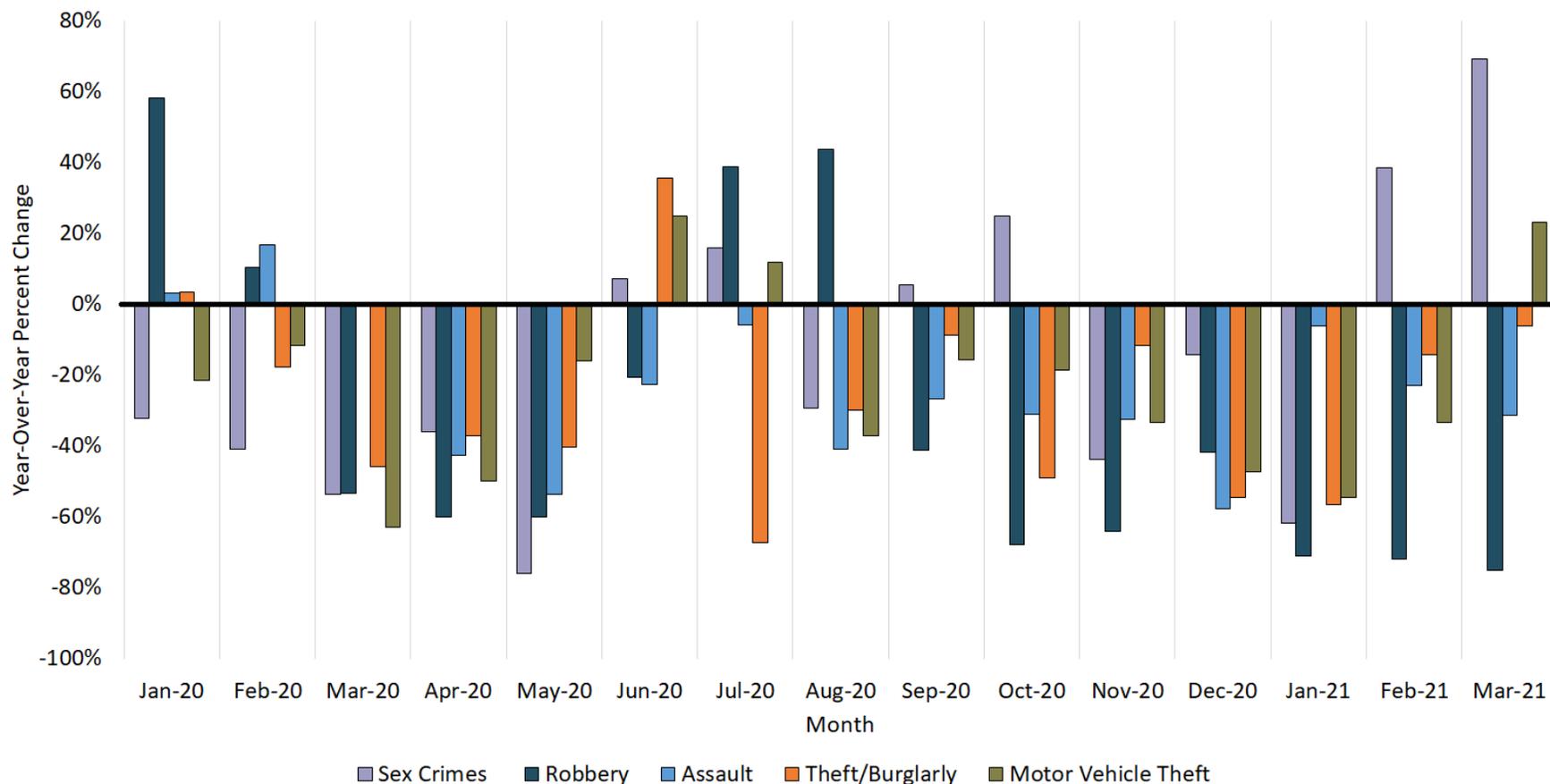
Note: For the period of July 21 – August 19, 2020, census data was not available and thus, any trends during this point are an artifact of analysis. Additionally, the U.S. Census Bureau briefly paused data collection for the period of December 23, 2020 – January 3, 2021.

Court Reporting

Juvenile Offender Filings

Monthly filings from the Washington State Administrative Office of the Courts (AOC) show the initiation of a court case by formal submission. Case filings occur for each juvenile offender and categorized by the primary (i.e., most serious) charge (e.g., homicide, sex crimes, robbery, assault, theft/burglary, and motor vehicle theft). Year-over-year percent change of monthly juvenile offender filings (regardless of most serious charge) decreased from March 2020 – May 2020. Note that the “Stay Home, Stay Healthy” order and closures of court due to mandate may impact court filing data. Most recently, March 2021 presented an increase in the year-over-year percent change for monthly juvenile offender filings related to sex offenses (69%) and motor vehicle theft (23%) (Graph 10).

**Graph 10: Percent change of juvenile offender filings, by charge and month:
January 2020 – March 2021 (Source: AOC)**

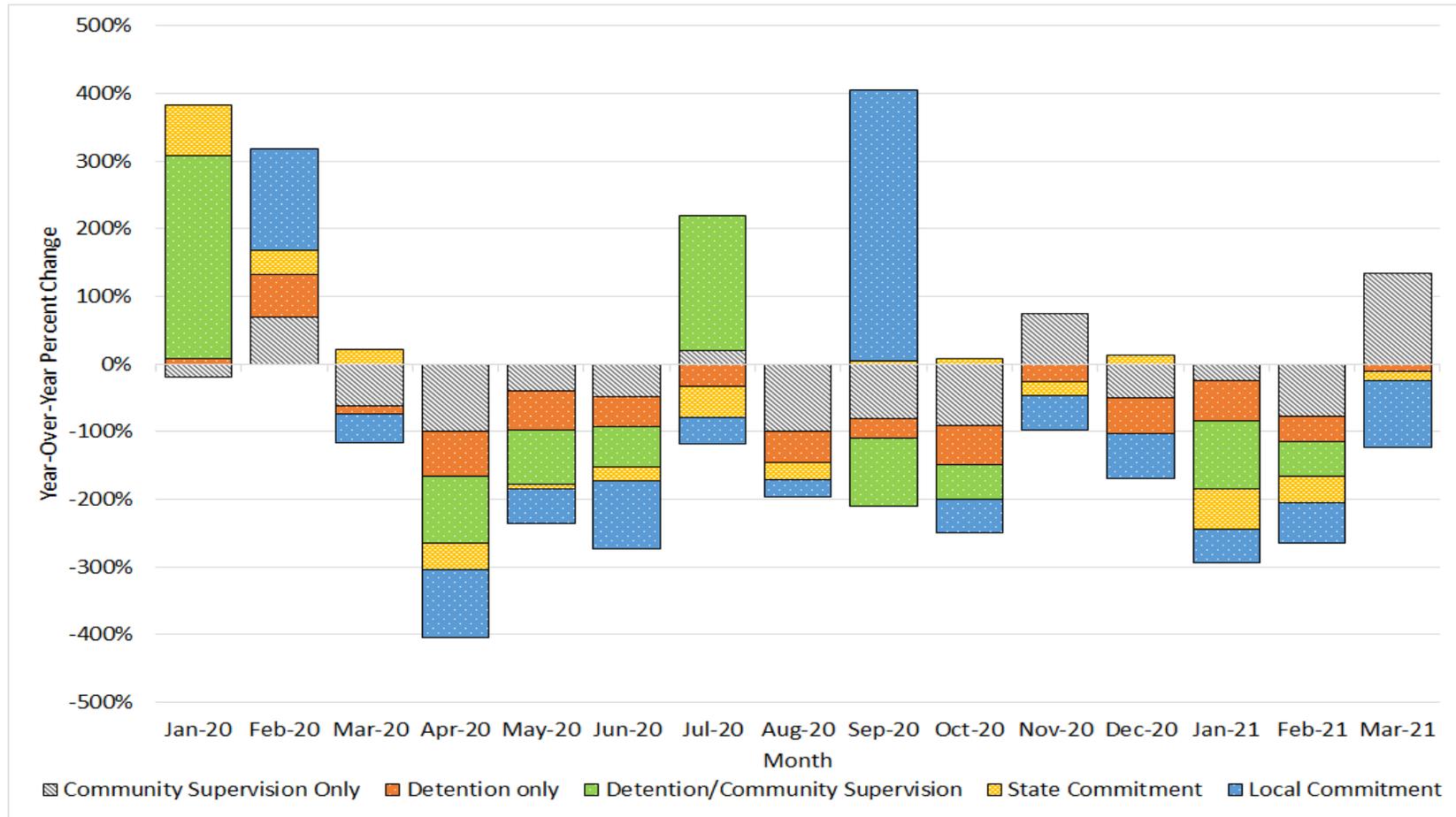


Note: Homicide involves murder, manslaughter, excusable homicide, or justifiable homicide. Sex crimes involve sexual exploitation of a minor, incest, rape, statutory rape, or indecent liberties. Robbery involves theft of property by the use of force, violence, or fear of injury to a person or his/her property. Assault involves assault or intent to cause another person physical harm, including malicious harassment and coercion. Theft/burglary involves theft of property (other than a motor vehicle), possession of stolen property, extortion, burglary, or criminal trespass. Motor vehicle theft involves taking a motor vehicle without permission of the owner.

Juvenile Offender Case Completions and Sentences

Monthly juvenile offender case completions and sentences (counted only for defendants with a judgment of guilty) from AOC report out on sentences that conclude to some form of institutionalization. Note that the length in criminal justice proceedings impacts timeliness of resolution. Also, the “Stay Home, Stay Healthy” order and closures of court due to mandate may impact court completion data. Year-over-year percent change of monthly juvenile offender case completions and sentences decreased from March 2020 – May 2020. Most recently, March 2021 presented an increase in the year-over-year percent change for community supervision only (133%) and a decrease in the year-over-year percent changes for detention only (-11%), local commitment (-100%), and state commitment (-12%) (Graph 11).

Graph 11: Percent change of juvenile offender case completions and sentences, by type and month: January 2020 – March 2021 (Source: AOC)

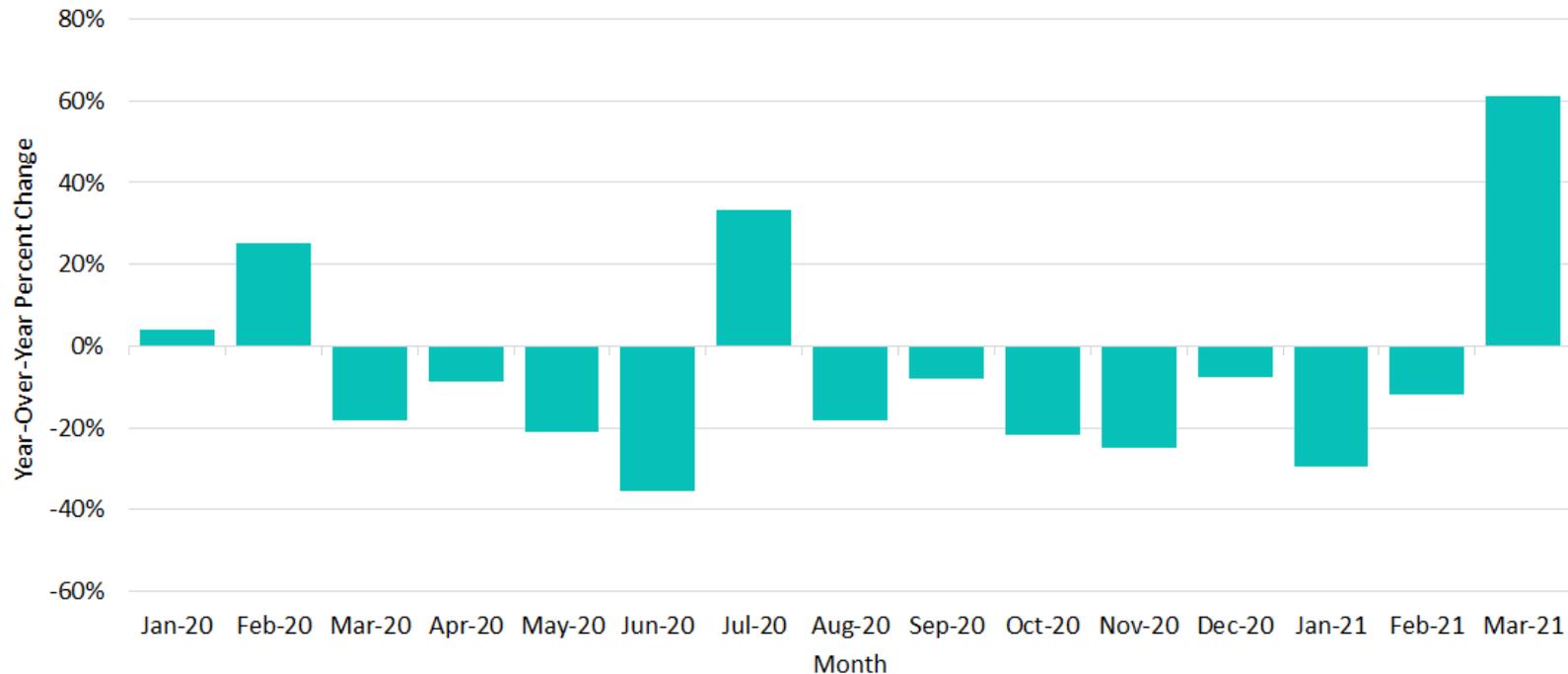


Note: Community supervision means sentenced to community supervision without being sentenced to spend time in detention or in a state or local institution. Detention means sentenced to detention without being sentenced to community supervision or to spend time in a state or local institution. Detention and community supervision means sentenced to detention and community supervision service, without being sentenced to spend time in a state or local institution. Local commitment means committed to the Juvenile Rehabilitation Administration (JRA) for placement in a local institution and not sentenced to the JRA for placement in a state juvenile institution. State commitment means committed to the JRA for placement in a state juvenile institution.

Mental Illness (Minor) Filings

Monthly filings from the AOC show the initiation of a court case by formal submission for mental illness (minor) cases. Year-over-year percent change of monthly mental illness (minor) case filings decreased from March 2020 – June 2020. Note that the “Stay Home, Stay Healthy” order and closures of court due to mandate may impact court filing data. March 2021 presented with an increase in the year-over-year percent change for monthly mental illness (minor) case filings (61%) while all other months (outside of July 2020) presented with a decrease in the year-over-year percent change (Graph 12).

Graph 12: Percent change of mental illness (minor) filings by month, to date, from January 2020 – March 2021 (Source: AOC)

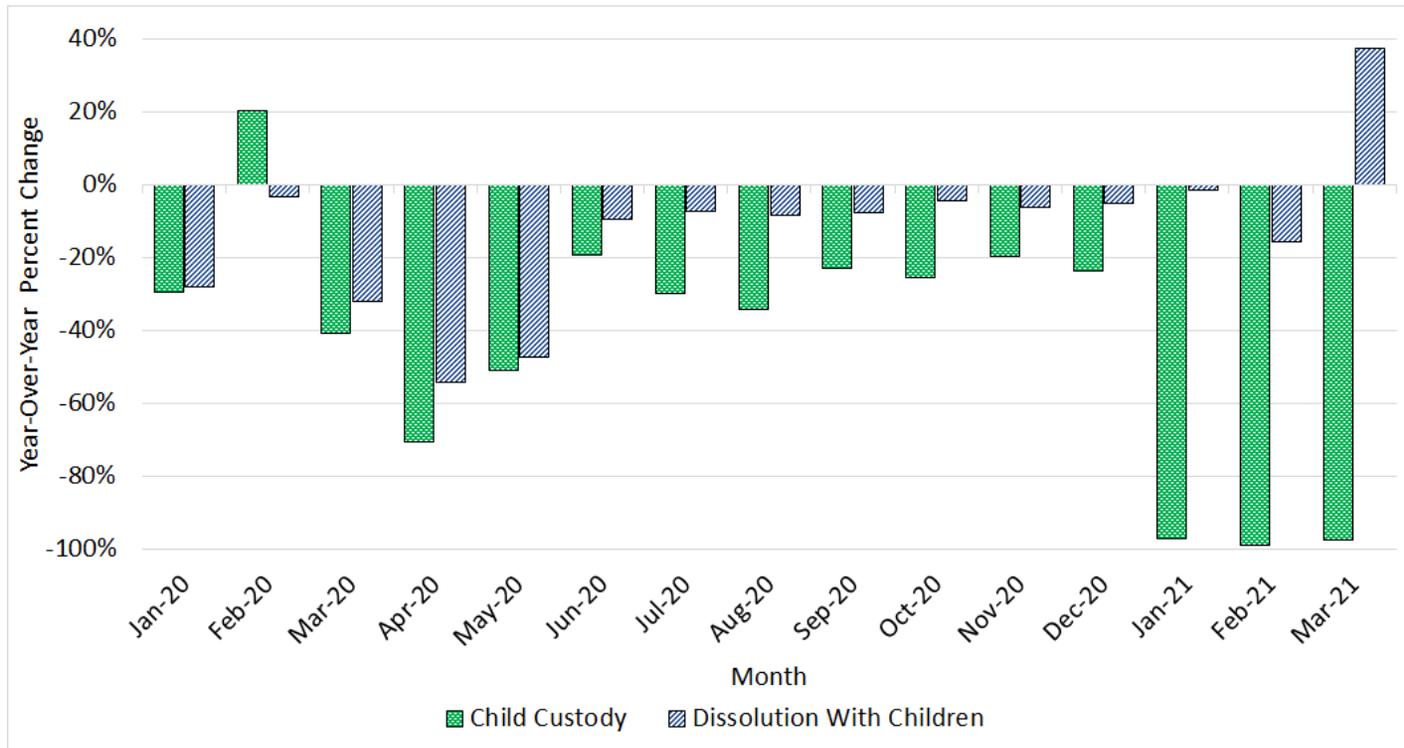


Note: Each unique mental illness case number is reported as a single filing, no matter how many subsequent petitions are filed during the life of a case. A case reopened for subsequent adjudication after the initial judgment is not considered a new filing unless there is a new case number. Mental illness (minor) cases involve the determination as to whether an individual is mentally ill or incapacitated and should be placed in or remain under care, custody, and treatment.

Child Custody and Marriage Dissolution with Children Filings

Monthly filings from the AOC show the initiation of a court case by formal submission for child custody and marriage dissolution with children. The year-over-year percent change of monthly mental illness (minor) case filings decreased from March 2020 – June 2020. Note that the “Stay Home, Stay Healthy” order and closures of court due to mandate may impact court filing data. March 2021 presented with a decrease in the year-over-year percent change for monthly child custody case filings (-98%), and dissolution with children presented with an increase in the year-over-year percent change (38%) (Graph 13).

Graph 13: Percent change of child custody and marriage dissolution with children filings, by month: January 2020 – March 2021 (Source: AOC)



Note: Monthly filings from the AOC show the initiation of a court case by formal submission for child custody (i.e., dispute involving immediate charge and control of a child) and dissolution with children of the marriage (i.e., termination of a marriage other than by annulment, with dependent children of that marriage).

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